



Mark Parkinson, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Environment

July 29, 2009

Randy Schademann
Radiation Standard Products
901 N 5th St
Kansas City, KS 66101

Re: EPA I.D. Number---KSR000508606, 920 S St. Francis, Wichita, KS

Dear Mr. Schademann:

We have received a Subsequent "Notification of Regulated Waste Activity" form for the installation located at the address above. K.A.R. 28-31-4© (1) states that whenever there is a change in the information originally submitted to obtain an EPA Identification Number, the generator shall update that information. The generator shall submit these changes to the department on a form supplied by the department. You have complied with this requirement.

We have updated our records to reflect the following information as shown on the enclosed Notice of Regulated Waste Activity form.

The KDHE-BWM provides information to generators of hazardous waste through additional sources. The Hazardous Waste Generator's Handbook and other publications are on our web page. This information may be downloaded from www.kdheks.gov/waste using Adobe Acrobat Reader. Any additional requests for assistance can be directed to this office at the address listed below or by calling (785) 296-0005.

Sincerely,

Linda Prockish
Waste Reduction, Compliance, & Enforcement
Bureau of Waste Management

Enclosure

Cc: SCDO/Waste Programs

40320667



Superfund

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Bureau of Waste Management

MAIL COMPLETED

8700-12 FORM TO:

KDHE-BWM

1000 SW Jackson, Suite 320,
Topeka, KS 66612-1366

Kansas Department of Health and Environment

Notification of Regulated Waste Activity

(RCRA SUBTITLE C SITE IDENTIFICATION FORM)

1. Reason for Submittal (See page 2 of the instructions) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update information) <input type="checkbox"/> As a component of a FIRSTBRCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a REVISED BRCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (See page 3 of the instructions)	EPA ID Number: KSR 000 508 606		
3. Site Name (See page 3 of the instructions)	Name: Radiation - Standard Products		
4. Site Location Information (See page 3 of the instructions)	Street Address: 920 S St. Francis		
	City or Town: Wichita	State: Kansas	
	County Name: Sedgewick	Zip Code: 67211-2335	
5. Site Land Type (See page 3 of the instructions)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (See page 3 of the instructions)	A. 92411		B.
	C.		D.
7. Site Mailing Address (See page 4 of the instructions)	Street or P. O. Box: 901 N 5th Street		
	City or Town: Kansas City		
	State: KS		
	Country: USA	Zip Code: 66101	
8. Site Contact Person (See page 4 of the instructions)	First Name: Randy	MI: J	Last Name: Schedemann
	Phone Number & Extension: 913.551.7331		Email Address: Schedemann.randy@epa.gov
9. Legal Owner and Operator of the Site (See page 4 of the instructions)	A. Name of Site's Legal Owner: Low G...		Date Became Owner (mm/dd/yyyy):
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

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BUREAU OF WASTE MANAGEMENT

B. Name of Site's Operator:

Randy Schabeman

Date Became Operator
(mm/dd/yyyy):

Operator Type: ☐ Private ☐ County ☐ District ☒ Federal ☐ Indian ☐ Municipal
☐ State ☐ Other

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See pages 5-8 of the instructions)

A. Hazardous Waste Activities

1. Generator of Hazardous Waste
(Choose only one of the following four classifications)

- ☐ a. EPA: 1,000 kg/mo (2,200 lbs in any single mo.) or more of non-acute hazardous waste, greater than 1 kg of acute hazardous waste;
or
- ☐ b(1). KSG Sub-Class 1: 100 kg or more and less than 1,000 kg (220 - 2,200 lbs in any single mo.) of non-acute hazardous waste;
or
- ☐ b(2). KSG Sub-Class 2: 25 kg or more and less than 100 kg (55 - 220 lbs in any single mo.) of non-acute hazardous waste;
or
- ☐ c. KSSQG: Less than 25 kg/mo (55 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a Small Quantity On-site Burner Exemption
- ☐ b Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

Not a regulated waste

B. Universal Waste Activities

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to Kansas regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):

Generate _____ Accumulate _____

- | | | |
|--------------------------------|-------------------------------------|--------------------------|
| a. Batteries | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pesticides | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Lamps | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Other (specify) <u>NOEM</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

☐ 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See page 9 of the instructions)						
Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
MA						

12. Comments (See page 9 of the instructions)
Waste reported non-hazardous - deactivation number

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See page 9 of the instructions)		
Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
Randy Schademan H/L	Randy Schademan	7.22.09

RETURN COMPLETED 8700-12 FORM TO:

**KDHE-BWM
1000 SW JACKSON, SUITE 320
TOPEKA, KANSAS 66612-1366**